

**NOTICE OF JUDGMENT IN CLASS ACTION LAWSUIT**  
***THOMPSON V. ROOB***

TO: All individuals in Indiana who, on or after May 2, 2003, have been, are being, or will be determined to be not eligible for Medicaid based on their disabilities because the individual's impairment does not prevent the individual from performing labor or services or from engaging in a useful occupation at the time of the determination.

*Thompson v. Roob* (U.S. District Court, Southern District of Indiana, Indianapolis Division, Cause No. 1:05-cv-0636) is a class action lawsuit which claims that the State of Indiana has failed in some cases to use the correct eligibility standard when making decisions on applications for Medicaid disability (MA D) benefits. Specifically, the State denied some applications solely because the applicant's physical or mental impairment did not "prevent" the applicant from working. However, the correct Medicaid disability standard contains the requirement that a person's physical or mental impairment must "substantially impair" the ability to work, not completely "prevent" the ability to work. Some people who were denied Medicaid disability benefits received notices stating the incorrect eligibility standard, but the State had actually used the correct eligibility standard in denying Medicaid disability benefits.

This case has resulted in a judgment for the class. As a result of that judgment, this notice is being given to class members to inform them of their rights (1) to obtain a determination of whether they are in fact members of the class in this case and, if so, (2) to appeal the denial of Medicaid disability benefits.

If you believe that you may be a class member, you may make a written request to the State to determine whether you are a class member. You shall have until September 18, 2007 to request (a) a determination of whether you are a class member and (b) an appeal of the denial of your application for MA D benefits.

A request for that determination and for an appeal must be filed either:

1. On the specified Claim Form, in accordance with the instructions on the Claim Form. Claim forms are available at (a) your county Office of Family Resources and (b) the following internet website <http://www.in.gov/fssa/> for downloading.

OR

2. By asking in writing for a determination as to whether or not you are a member of the class in this case, *Thompson v. Roob*. Include the following information in your written request:

- Your name
- Your current address
- Your date of birth
- Your telephone number
- Your Social Security Number
- If available, the date you applied for Medicaid disability
- If available, a copy of the Medicaid denial notice
- The County where you previously applied for Medicaid disability

Send your written request to the following address:

Office of Medicaid Policy and Planning, MS-07  
Attention: *Thompson v. Roob* Claims  
402 W. Washington Street, Room W382  
Indianapolis, IN 46204

If you submit a Claim Form or a written request, the State shall have 30 days from the date the State receives the claim form or written request (a) to determine whether you are a class member and (b) to send you a written notice of that determination. The State will notify you in writing as to whether you are a member of the class. If you are a class member, you will also receive a later written notice setting your appeal hearing. The date of the State's initial notice to you that you are a class member shall begin the ninety day period for the completion of your appeal.

**The deadline for submitting your written request is September 18, 2007.**

The Court's Judgment is binding on all class members, as well as on the State.